

2003 NOT-FOR-PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

FILED
Aug 25, 2003 8:00 am
Secretary of State

DOCUMENT # 735450

1. Entity Name

CHATEAU 2 CONDOMINIUM ASSOCIATION, INC.



03-19-2003 90107 046 ****35.00

08-25-2003 90105 008 ****61.25

Principal Place of Business

**629 N.E. 2ND AVENUE
UNIT 2
FT. LAUDERDALE FL 33304**

Mailing Address

**1478 N.E. 56 STREET
FT. LAUDERDALE FL 33334**

2. Principal Place of Business

515 N.E. 13th Street

3. Mailing Address

P.O. Box 7415

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

Fort Lauderdale, FL

City & State

Fort Lauderdale, FL

Zip

33304

Country

USA

Zip

33338

Country

USA

4. FEI Number **NOT APPLICABLE**

Applied For

Not Applicable

5. Certificate of Status Desired ☐

**\$8.75 Additional
Fee Required**

☒ CHECK HERE IF MAKING CHANGES



6. Name and Address of Current Registered Agent

**CHENNAULT, WILLIAM
629 N.E. 2ND AVENUE
UNIT 2
FT. LAUDERDALE FL 33304**

7. Name and Address of New Registered Agent

Name **Caldwell C. Cooper**

Street Address (P.O. Box Number is Not Acceptable)

515 N.E. 13th Street

City **Fort Lauderdale**

FL

Zip Code

33304

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

8-22-03

**FILE NOW: FEE IS \$61.25
After September 10, 2003, min will be \$236.25**

9. Election Campaign Financing
Trust Fund Contribution. ☐

**\$5.00 May Be
Added to Fees**

**Make Check Payable to
Florida Department of State**

10. OFFICERS AND DIRECTORS

TITLE	PD	<input type="checkbox"/> Delete
NAME	COOPER, CALDWELL	
STREET ADDRESS	629 N.E. 2ND AVENUE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	SD	<input type="checkbox"/> Delete
NAME	CHENNAULT, WILLIAM	
STREET ADDRESS	629 N.E. 2ND AVENUE, UNIT 2	
CITY-ST-ZIP	FT. LAUDERDALE FL 33304	
TITLE	TD	<input type="checkbox"/> Delete
NAME	CASTILLO, TINA	
STREET ADDRESS	1478 N.E. 56 STRETE	
CITY-ST-ZIP	FT. LAUDERDALE FL 33334	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	PD	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Caldwell C. Cooper	
STREET ADDRESS	515 N.E.13th Street	
CITY-ST-ZIP	Fort Lauderdale, FL 33304	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE

SIGNATURE REQUIRED

8/22/04

954-462-4234

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

CR2E037 (4/03)